

1 IN THE UNITED STATES DISTRICT COURT
2 FOR THE SOUTHERN DISTRICT OF OHIO
3 WESTERN DIVISION
4

5 ERIC JEFFRIES,)
6 Plaintiff)
7 v.) Case No. C-1-02-351
8 CENTRE LIFE INSURANCE CO.)
9 et als.,)
10 Defendants)
11

12 DEPOSITION OF: MITCHELL I. CLIONSKY
13 taken before Jessica R. Stasio, Notary
14 Public-Stenographer, pursuant to Rule 30 of the
15 Rules of Civil Procedure, at the offices of ACCURATE
16 COURT REPORTING, 1500 Main Street, Springfield,
17 Massachusetts on September 23, 2003.
18
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20 Appearances: (see page 2)
21
22

23 Jessica R. Stasio
24 Registered Professional Reporter

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1 Q. What's incorrect about that?

2 A. The DSM is a consensus document. Take a
3 group of fifteen people who are on the committee to
4 establish the criteria for a certain diagnosis,
5 let's say it's Attention Deficit Hyperactivity
6 Disorder just for the sake of argument. They will
7 then have the input based on what they're reading as
8 knowledgeable parties or experts in the field about
9 what are the conditions, what are the symptoms, what
10 are the standards that they use to try to determine
11 how to best design this diagnostic category. The
12 fact that there are at least four, because we've
13 gone up through the various versions of the DSM,
14 this TR is, of course, the newest one, but there has
15 been DSM IV, DSM III, DSM III-R, all revisions, all
16 attempts at better understanding psychopathology.
17 With each revision there are things that are added,
18 things that are taken away largely based on what the
19 consensus is at that point as to how things work.
20 The practicing clinician rarely sees pure form cases
21 of any disorder. Usually they are set up in a
22 cookbook fashion. You know, column A, you need two
23 out of these. Column B, you need three out of
24 these. Column C, you need one out of these.

1 Sometimes you are fortunate enough as a clinician to
2 get a case that meets all of those criteria in each
3 case, and you can say with at least a greater sense
4 of certainty if -- and confidence, if not truth,
5 because I am not sure it actually is truth, but a
6 greater sense of certainty that what you have is a
7 true diagnosis here. I can tell you that different
8 people looking at the same patient can legitimately
9 come up with different diagnoses based on their
10 reading of those symptoms and what falls into which
11 category. In the case of ADHD, you have a symptom
12 where -- you have two classes of symptoms. One's an
13 inattention cluster where there is nine symptoms;
14 the other is a hyperactivity/impulsive cluster where
15 there is also nine symptoms. In order to make a
16 diagnosis of a child, you need six out of the nine
17 in one or the other or both categories. Now, you
18 also get people like Russel Barkley, who's one of
19 the preeminent experts in this area who says that in
20 adults often times the disorder ameliorates a bit,
21 it becomes less severe, and then you only need four
22 or five. So the issues of prevalence, the issues of
23 date of onset, the course, all of these various
24 factors that go in, as well as the specifics of how

1 many you need in each category are meant as a source
2 of guidance. They are not made in a way that allows
3 you to say, well, this can't be the diagnosis
4 because there are only four out of the five here.
5 This can't be the diagnosis because there is only
6 two out of the three here. Because what happens is
7 you have this huge wastebasket of leftovers where it
8 doesn't meet any diagnosis. That doesn't mean the
9 person is psychologically healthy, it just means you
10 didn't come up with enough specific symptoms. And
11 some of these symptoms, for example, sexual
12 dysfunction, the person does not complain about
13 symptoms of sexual dysfunction. Okay, well, does
14 that mean that they don't have this disorder or they
15 simply don't want to talk about that? I don't
16 know. But what your job is as a clinician is to try
17 to best understand, hopefully, for the job of
18 helping somebody and treating them as to what's
19 going on so that you can use that diagnosis to
20 understand the disorder. That's the whole purpose
21 of diagnosis is to understand.

22 So, when we get back to do I agree with
23 that statement, to sort of draw this full circle,
24 no, I don't believe that people have to meet

1 DMS about your report --

2 A. Correct.

3 Q. -- orally? So I understand, you agree
4 with Dr. Hartings' diagnosis about the personality
5 disorders of Mr. Jeffries; is that right?

6 A. I agree that Mr. Jeffries has a -- is
7 likely has a somatoform disorder.

8 Q. Likely has?

9 A. Yeah. I mean we are all talking about
10 more likely than not, okay, these are not things
11 that exist in real life. Disorders are conceptual
12 constraints.

13 Q. So it's your opinion it's more likely than
14 not that he suffers somatization personality
15 disorder?

16 A. Yes.

17 Q. Okay. And there are obsessional
18 tendencies involved in this?

19 A. I don't believe that he has a diagnosis of
20 obsessive-compulsive disorder.

21 Q. It's not your opinion that it's more
22 likely than not that he suffers from the DSM IV
23 defined obsessive-compulsive personality disorder?

24 A. Correct.

1 Q. And what do you base your judgment with
2 regard to that diagnosis on?

3 A. Which one?

4 Q. The obsessive-compulsive?

5 A. The very focused and specific kind of way
6 in which he responds to some of the test materials,
7 and the symptom presentation has that flavor to it,
8 that -- this is, I mean, again, this is not a
9 diagnosis, this is based on, you know, we all have
10 personality traits and personality approaches to
11 things. And I think that there is an obsessional
12 way in which he has approached the work-up of this
13 medical condition.

14 Q. No, but my question was it's not your
15 opinion that he has OCPD, and why do you conclude
16 that he doesn't have OCPD?

17 A. Oh, I don't see the range of obsessive
18 kinds of behaviors or compulsive thoughts and
19 impairment based on that in terms of his
20 relationships. I mean I think Dr. Shear was correct
21 in that portion of her analysis.

22 Q. Are most people that enjoy success,
23 lawyers, doctors, psychologists, to a certain degree
24 obsessive or compulsive? I mean those words, are